

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/926088

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2	/						51						
3		2					52						
4		2					53						
5		2					54						
6		0					55						
7		0					56						
8		0					57						
9		0					58						
10	/						59						
11		1					60						
12		2					61						
13		0					62						
14		0					63						
15		0					64						
16		0					65						
17		0					66						
18		0					67						
19		0					68						
20		0					69						
21		0					70						
22	/						71						
23	/						72						
24		2					73						
25		2					74						
26		0					75						
27		0					76						
28		0					77						
29		0					78						
30		0					79						
31	/						80						
32		1					81						
33		2					82						
34		0					83						
35		0					84						
36		0					85						
37		0					86						
38		0					87						
39		0					88						
40		0					89						
41		0					90						
42		0					91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	6						100						
TOTAL DEP.	44						TOTAL IND.						
TOTAL CLAIMS	50						TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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